

## 2016 TURKEY HUNTING SURVEY (Fall Season)

Hunter	's Name:						
		Last		First		Middle	
Curren	t Address: _						
		Number		Street			Apt. Number
	City		County		State	Zip	
Home	Phone:		<u>-</u>	Cell Phone:	-		
Work F	Phone:			Email:			
Turkey:  1. How many days did you hunt during turkey season?  2. How many shots did you take during the turkey hunting season?  3. Total number of adult turkeys harvested? Female Male  4. Number of wounded and unrecovered turkey?  5. Describe any changes you believe may improve our turkey management plan?							
	September:	ays did you hunt o Octob hots did you take	er:	_ November:	:		oer:

Send completed form to:

HUNTING COORDINATOR P.O BOX 1180 MAPLE GROVE, MN. 55311-6180

TO ENSURE YOUR FUTURE HUNTING PRIVILEDGES, COMPLETE THIS SURVEY AND RETURN (OR HAVE POSTMARKED) <u>BY FEBRUARY 1, 2017</u>.